

Public Health – Seattle & King County
Eastgate District Health Center
14350 SE Eastgate Way
Bellevue, WA 98007 (206) 296-4932

PUMPER BUSINESS OWNER APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPETENCY

Complete this application and submit with: (1) A Completed Disposal Site Letter of Authorization (2) A completed Vehicle Inspection Report showing proof of satisfactory inspection (3) Completed form(s) for OSS Pumper Employee(s) if applicable (4) A copy of your Contractor's License (5) Required Health Department fees (See PART IV below)

PART I – Company Information

Business Name: _____ K.C. Registration # _____
 Business Location: _____ Total Number of Vehicles = _____
 Business Mailing Address: _____
 E-Mail Address if applicable: _____ Total OSS Pumper Employees = _____
 Business Phone: (____) _____ Fax: (____) _____
 Contractor License No. (L& I Specialty or General) _____ Expiration date _____
 Full Name of Business Owner : _____
 Place of Residence/Address: _____

☐ Partnership ☐ Corporation ☐ Single Proprietor
 (if partnership, list all partners, if corporation, list all officers) Attach additional sheet if necessary

Name	Address	Phone
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____

PART II- Pumper Category (or Categories) Applied For:

☐ OSS Pumper ☐ Grease Trap/Interceptor Pumper
☐ Vessel Sewage Holding Tank Pumper ☐ Portable Toilet Pumper

Part III – CONTINUING EDUCATION TRAINING

List training courses/sessions you have attended within the past 12 months - Attach a copy or copies of training course certificate(s) If more than two courses/sessions were attended, list these on an additional page.

Date	Name of Training Course(s)	Location

PART IV FEES

Business owner.....() X \$100.00 = _____
 Pumper Employee(s).....() X \$50.00 = _____
 Exam Fee.....(0) X \$25.00 = N/A
 Vehicle Inspection Tab Fee.....() X \$25.00 = _____
 Total Fees..... = _____ **(Late fees apply after January 15, 2002)**

PART V - SIGNATURE

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY ON-SITE SEWAGE CODE, TITLE 13, CODE OF THE KING COUNTY BOARD OF HEALTH, AND AGREE TO PUMP, TRANSPORT AND DISPOSE OF LIQUID WASTE IN ACCORDANCE WITH THE ABOVE REQUIREMENTS. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE REVOCATION OF MY CERTIFICATE OF COMPETANCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

Signature of Business Owner _____ Date _____

For Health Department Use Only:

Fees Paid = \$ _____ ☐ Approved ☐ Disapproved Certificate Number **H** _____
 Remarks: _____

_____ Date _____
 Health & Environmental Investigator